# Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse from **October 16th through 31st, 2002**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

4454058

APPLICATION F	OR			QMB Approval No. 4344-6643
FEDERAL ASSIS	STANCE		2. DATE SUBMITTED	Applicant Identifier
1. TYPE OF SUBMISSION:			October 22, 2002	
Application		Pro-application	3. DATE RECEIVED BY STATE	State Application Identifier
X Construction		Construction		
			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
Non-Construction		Non-Construction		F-95-B Amendment #3
S APPLICANT INFORMATI	ĺζŇ	7		
Legal Name:	STATE OF CALIFOR	NIA	op material unit	
Address (give city, county, st		EGEIV	E Repartment of Fish and	d Game
-	nt of Fish & Game grams Branch		Name and relegion on moter of the person to be application (divisions code):	contaced on matters involving this
Sacramento,	2111	OCT 3 1 200	Carolyn Murata (	946) 445-3559
G. EMPLOYER IDENTIFICATION				
1	04-1697567		7. TYPE OF APPLICANT; (enter appropriate let  A. State	ter):  H. Independent School Olst
B. TYPE OF APPLICATION:			B. Caunty	State Controlled Instruction
New	Continuation	Revision	C. Municipal	of Higher Learning
If Revision, enter appropriate		<u> </u>	O. Township	J. Private University
	3		E. Interstate	L Individual
A. Incresso Award	B. Decrosse Award	<del></del>	F. Intermunicipal	M. Prolit Organization
C. Increase Duration	D. Decrease Duration		G. Special District	N. Other (Specify)
E. Other (specify):				
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANCE NUMI	BER:	9. NAME OF FEDERAL AGENCY:	
15-605	;		U.S. Department of the	Interior
TMLE: S	Sport Fish Restora	ation Act	U.S. Fish and Wildlife	Service
12. AREAS AFFECTED BY	PROJECT (cities, counties, states	ehc.):	11. DESCRIPTIVE TITLE OF APPLICANT'S PRO	DJECT:
		v	Amendment #3 to Motorboa	t Access Enhancement
5	Santa Clara Cou	ıty	Project for Anderson Lake E	Boat Launching Facility.
		•	Requesting an extension to a	ccommodate project
13. PROPOSED PROJECT:			construction. No change in co	osts.
Sten Date	Ending Date	14. CONGRESSIONAL DISTR	RICTS OF:	
12/03/98	12/31/03	a. Aoplicant	· · · · · · · · · · · · · · · · · · ·	b. Project
15. ESTIMATED FUNDING:		<u>'</u> 3	*•	16
a. Federal	\$2,303,250.00	16. IS APPLICATION SU	BJECT TO REVIEW BY STATE EXECUTIVE ORD	ER 12372 PROCESS?
b. Applicant			PLICATION/APPLICATION WAS MADE AVAILABLE	
	0707 750 00		ECUTIVE ORDER 12372 PROCESS FOR REVIEW	ON:
c State	\$767,750.00	Date:	04.31,2002	
4 4		b. No PROGR	AM IS NOT COVERED BY E.O. 12372	,
d Local		OR PR	OGRAM HAS NOT BEEN SELECTED BY STATE	FOR REVIEW
e. Other		17, IS THE APPLICATION	N DELINQUENT ON ANY FEDERAL DEST?	
f. Program income		Yes If Yes	i", attach an explanation	X No
p TOTAL	\$3,071,000.00		•	
		TA IN THIS APPLICATION/PRI	EAPPLICATION ARE TRUE AND CORRECT. THE	OOCUMENT HAS BEEN DULY
			COMPLY WITH THE ATTACHED ASSURANCES	
a. Typed Name of Authorized			b. Tille:	c. Telephono Number
N	lichael F. Hamis		Deputy Director, Admin.	(916) 653-4633
d. Signature of Authorized Re	presentative	, In	EGEIVED	o. Dana Signed
	en lallidy	dr IIK		10/28/02
Approved for the Secretary of	the Interior		Title: OCT 3 1 2002	Date
Signature			001 3 1 2002	, ,
Previous Editions Not Usable				Standard Form 424 (REV 4-88)
		Authoriza STAT	E CLEARING HOUSE	Prescribed by OMB Circular A-10Z
			- IIII O TIOUSE	

OMB Approval No. 0348-0043

APPLICATION FOR				· · · · · · · · · · · · · · · · · · ·
FEDERAL ASSISTA	NCE	2. DATE SUBMITTED August 2	2002	Applicant Identifier N/A
4 TYPE OF CHRISCIAN		3. DATE RECEIVED BY		
1. TYPE OF SUBMISSION:	D-seetierie-	3. DATE RECEIVED BY	SIAIE	State Application Identifier SAI-EXEMPT
Application Construction	Preapplication Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier
Non-Construction	Non-Construction			06-01451
5. APPLICANT INFORMATION				
Legal Name:	In B	GEIVE	Organizational Unit:	
California - Department o	of Parks and Regreate	n W L U V L		ment of Parks and Recreation
Address (give city, county, State, Post Office Box 942896	and zip code):	OCT 3 0 2002	Name and telephone r this application (give ar Ode) T. King, Jr.	number of person to be contacted on matters invalvinges code)
California 06 94	1296-0001 LILI		(916) 653-8758	
6. EMPLOYER IDENTIFICATION				NT: (enter appropriate letter in box)
	LLL STAT	E CLEARING H	OUSE State	H. Independent School Dist.
8. TYPE OF APPLICATION:	and the same of th	Annual State of the Control of the C	B. County	State Controlled Institution of Higher Learning
New	Continuation	Revision	C. Municipal	J. Private University
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Countingston		D. Township	K, Indian Tribe
If Revision, enter appropriate lett	er(s) in box(es)		E. Interstate	L. Individual
	<u> </u>	- ·	F. Intermunicipal	M. Profit Organization
	rease Award C. Incress	e Duration	G. Special District	N. Other (Specify)
D. Decrease Duration Other(	specify):			A APNOV.
			9. NAME OF FEDERA	
,			Department of the	rvice - Western Region 1443
				· · · · · · · · · · · · · · · · · · ·
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE N	UMBER:	11. DESCRIPTIVE TO	TLE OF APPLICANT'S PROJECT:
		15-916	Silverwood Lake	Dev
Outline Burn			Dept. of Boating	
	eation - Acquisition, Devi		2000 Evergreen	
12. AREAS AFFECTED BY PRO	DJECT (Cities, Counties, St.	ales, etc.):	Sacramento, Ca	
06-33434				
	44.001/00/00/01/01	CTDICTO OF		
13. PROPOSED PROJECT	14. CONGRESSIONAL DI	STRICTS OF.		
Start Date Ending Date	a. Applicant		b. Project	
10/1/02 6/30/06	0:	3	,	35
15. ESTIMATED FUNDING:			16. IS APPLICATION	SUBJECT TO REVIEW BY STATE EXECUTIVE
			ORDER 12372 PR	ROCESS?
a. Federal	\$	. aaa aaa '	]	
		222,309		APPLICATION/APPLICATION WAS MADE
b. Applicant	\$	222 200	i .	TO THE STATE EXECUTIVE ORDER 12372
		222,309	PROCESS	FOR REVIEW ON:
c. State	\$	, w	//	0-20-07
		00	DATE /	0-30-02
d. Local	\$		L No EL DECCES	AM IS NOT COVERED BY E. O. 12372
a Other	1	w		SRAM HAS NOT BEEN SELECTED BY STATE
e. Other	\$	•	FOR REV	
F Dearson Incom:	· ·	90	ION NEV	A Rose C T
f. Program Income	\$	."	17 IS THE APPLICAL	NT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL	\$	<b>Q</b> 0	1	
B. (01/16	•	444,618	Yes If "Yes,"	attach an explanation.
18. TO THE BEST OF MY KNO	WLEDGE AND BELIEF. AL	L DATA IN THIS APPLIC	ATION/PREAPPLICAT	TION ARE TRUE AND CORRECT, THE
DOCUMENT HAS BEEN DULY	AUTHORIZED BY THE GO	OVERNING BODY OF TH	E APPLICANT AND TH	HE APPLICANT WILL COMPLY WITH THE
ATTACHED ASSURANCES IF				
a. Type Name of Authorized Rep		b. Title		c. Telephone Number
Ruth Coleman		Acting, Director, Pa	arks and Recreation	(916) 653-7423
d. Signature of Authorized Repre	sentative acce		7	e. Date Signed
	coce-	Lean &	,	
Previous Edition Usable				Standard Form 424 (Rev. 7-97)
Authorized for Local Repoduction	•	~		Prescribed by OMB Circular A-102

NATIONAL PROPERTY OF A PARTY	<b>1</b>			Own Approval 140, 03-40-0
FEDERAL ASSISTA	MCE	2. DATE SUBMITTED		Applicant Identifier
1. TYPE OF SUBMISSION:		3. DATE RECEIVED B	V QTATE	Chata Application III 415
Application	Preapplication	o. omil neocived g	JIMIE	State Application Identifier
Construction	☐ Construction	4. DATE RECEIVED B	Y FEDERAL AGENCY	Federal Identifier
Non-Construction	Non-Construction			
5. APPLICANT INFORMATION Legal Name:	<u> </u>		10	
Artois Communit	ty Services Di	strict	Organizational Unit: Water Sys	tem
Address (give city, county, State				number of person to be contacted on matters involve
P.O. Box	130	·	this application (give ar	rea code)
1	CA 95988		Jack Cavie	r Jr. (530-934-5654)
6. EMPLOYER IDENTIFICATIO				NT: (enter appropriate letter in box)
68 - 0455				G
8. TYPE OF APPLICATION:			4	H. Independent School Dist.  I. State Controlled Institution of Higher Learning
X Nev		Revision		J. Private University
			1	K. Indian Tribe
If Revision, enter appropriate let	ter(s) in box(es)		I	L. Individual
A. Increase Award B. Dec	crease Award C. Increase	Duration	· '	M. Profit Organization N. Other (Specify)
	(specify):	Duranon	G. opecial district	N. Other (Specify)
			9. NAME OF FEDERA	L AGENCY:
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE NU	MBER:	11. DESCRIPTIVE TIT	LE OF APPLICANT'S PROJECT:
	r	10-760		
TV7 than a c	<b>\</b>			ell pressure tank,
12. AREAS AFFECTED BY PRO	Waste Dispsa			ıral Gas generator,
		es, etc.):	fitt	ings.
Artois Communi	ty			
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	TRICTS OF:		
Start Date Ending Date	a. Applicant		b. Project	
5/03 8/03				
15. ESTIMATED FUNDING:			16. IS APPLICATION S	SUBJECT TO REVIEW BY STATE EXECUTIVE
a. Federal Toan		00	ORDER 12372 PRO	DCESS?
<sup>a. Federal</sup> Loan Grant	\$180,000	•	a YES THIS PREAF	PPLICATION/APPLICATION WAS MADE
b. Applicant	\$	.00		TO THE STATE EXECUTIVE ORDER 12372
	\$20,000	00	PROCESS F	OR REVIEW ON:
c. State	\$   5		DATE O	1/15/02
d. Local	5 / AFC	EIVED /	DATEO	1/_1_2/_0/4
e. Other	\$ SED	00		A IS NOT COVERED BY E. O. 12372
e. Other	) SEP	3 0 2002	FOR REVIE	RAM HAS NOT BEEN SELECTED BY STATE EW
f. Program Income	STATE CLEA	NBING HOUSE	17 IS THE APPLICANT	T DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL	\$	HOUSE		
THE CONTROL OF STATE AND A STATE OF THE CONTROL OF	2 <b>∮</b> 0,000			Second 1
18. TO THE BEST OF MY KNOV	VLEDGE AND BELIEF, ALL	DATA IN THIS APPLICA	TION/PREAPPLICATION	ON ARE TRUE AND CORRECT, THE
ATTACHED ASSURANCES IF			APPLICANT AND THE	E APPLICANT WILL COMPLY WITH THE
a. Type Name of Authorized Rep		o. Title	Ic	c. Telephone Number
Jack Cavier Jr		Chairman		(530) 934-5654
d. Signature of Authorized Repre-			e	e. Date Signed
Jack I Cam	<b>H</b>			9-14-02
Previous Edition Usable  Authorized for Local Reproduction	n			Standard Form 424 (Rev. 7-97)
vernousserial social vabionarial	1			Prescribed by OMB Circular A-102

OMB Approval No. 0348-0043 Applicant Identifier APPLICATION FOR 2. Date Submitted (mm/dd/yyyy) FEDERAL ASSISTANCE 09/27/02 State Applicant Identifier 3. Date Received by State (mm/dd/yyyy) 1. Type of Submissiom Preapplication Application □ Construction Construction 4. Date Received by Federal Agency Federal Identifier (mm/dd/yyyy) ☐ Non-Construction Non-Construction 5. APPLICANT INFORMATION Organizational Unit: Legal Name: Community Home Partners, LLC Ownership Entity Name and telephone number of the person to be contacted on matters involving this Address (give city, county, state, and zip code): application (give area code) 675 North First Street, Suite 620 Maxine Brookner San Jose, CA 95112 Phone: 925.606.1600, fax 925.606.1661 7. TYPE OF APPLICANT: 6. EMPLOYER IDENTIFICATION NUMBER (EIN): M (enter appropriate letter in box) 9 State Controlled Institution of Higher Learning A. State County Private University C. Municipal Indian Tribe 8. TYPE OF APPLICATION: Individual n Township 1 Interstate Μ. Profit Organization New New ☐ Continuation ☐ Revision Intermunicipal N. Nonprofit Special District Ο. Public Housing Agency If Revision, enter appropriate letter(s) in box(es): Other C. Increase Duration H. Independent School Dist. A. Increase Award B. Decrease Award (Specify) 9. NAME OF FEDERAL AGENCY: D. Decrease Duration Other (specify): U.S. Department of Housing and Urban Development 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 10. CATALOG OF FEDERAL DOMESTIC 3 See attached Legal Description and Property Description ASSISTANCE NUMBER: (xx-yyy) 104-bed assisted living facility, with Dementia component. Additional funding provided by the Santa Clara RDA. Project has reserved 21 beds as TITLE: Mortgage Insurance - Section 232 SEP 3 0 2002
STATE CLEARING HOUSE affordable. 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Santa Clara, Santa Clara County, California 13. PROPOSED PROJECT: 14. CONGRESSIONAL DISTRICTS OF: b. Project Start Date **Ending Date** a. Applicant (mm/dd/yyyy) (mm/dd/yyyy) 01/01/03 07/01/04 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? 15. ESTIMATED FUNDING: a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE (mm/dd/yyyy) N/A Complete form HUD-424-M, Funding Matrix PROGRAM IS NOT COVERED BY E.O. 12372 PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? If "Yes," attach an explanation. ☐ Yes 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

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a. Typed Name of Authorized Representative

d. Signature of Authorized Representative

Miriam S. Gill

1 9/27

Senior Mortgage Analyst

Standard Form 424

c. Telephone number

(Include Area Code) 415.733.1552

Prescribed by OMB Circular A-102

e. Date Signed (mm/dd/yyyy)

#### PART I - FACESHEET

2. DATE SUBMITTED TO CORPORATION FOR	3. a. DATE RECEIVED BY STATE:		3.b. STATE APPLICATION	ON IDENTIFIER:
NATIONAL SERVICE (CNS):			S.S. STATE AND ELECTRIC	SIVIDENTIFIER.
	4. a. DATE RECEIVED BY CNS:		4.b. CNS GRANT NUMB	BER:
			02SFPCA	007
5. APPLICANT INFORMATION				
LEGAL NAME: Fresno County Economic Opportu	mities Commission	NAME AND	CONTACT INFORMAT	TION FOR PROJECT DIRECTOR OR OTHER ATTERS INVOLVING THIS APPLICATION (give
ORGANIZATIONAL UNIT: Foster Grand	dparent Program	area codes):	BE CONTACTED ON ME	ATTERS INVOLVING THIS APPLICATION (give
ADDRESS (give street address, city, county, state a	nd zip code):	NAME: Victor	ria Lopes	
1920 Mariposa Mall, Suite 330	)	TELEPHONE	NUMBER: (559) 26	3-1533
Fresno, CA 93721		FAX NUMBE	R: (559) 263-154	0
Fresno County		1	MAIL ADDRESS: vicki.lo	
6. EMPLOYER IDENTIFICATION NUMBER (ELI	V):	1	APPLICANT: (enter approp	
94-160651	9			
8. TYPE OF APPLICATION (Check appropriate bo	x):	A. State B. County		pendent School District Controlled Institution of Higher Learning
NEW □CONTINUATION		C. Municip	oal J. Priva	ate University
REVISION		D. Townsh E. Interstat	e L. Indiv	vidual
If Revision, enter appropriate letter(s) in box(es):		F. Intermu		it Organization te Non-Profit Organization
A. Increase Award B. Decrease Av	ward C. Increase Duration	O. Other (s	pecify)	
D. Decrease Duration E. Other (speci	fy):	9. NAME OF FEDERAL AGENCY:		
		Corporation for National Service		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: RSVP: 94.002 FGP: 94.011		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:		
				ram provides volunteer opportunities
SCP: 94.016	9 4 0 1 1	for 85 low income persons age 60 and over who volunteer 20 hours/week with at-risk youth.		
Senior Demonstration: 94.015  12. AREAS AFFECTED BY PROJECT (List Cities	Counting States ato b	nours/weel	k with at-risk youth	
Fresno County California,	es, Counties, states, etc.j.			RECEIVE
Contiguous city in Madera Con	unty, California			SEP 3 0 2002
3. PROPOSED PROJECT: START DATE: 0	01/01/03		END DATE: 12/31/05	7 3 0 2002
4. ESTIMATED FUNDING: Year 1 of a Three Yea	r Budget	15. IS A	APPLICATION SUBJECT	TO REVIEW STATE EXECUTIVE
a. FEDERAL \$	346,359	ORI a. YES	DER 12372 PROCESS?  THIS PREAPPLICATION	TO REVELATE STATE EXECUTIVE  LEARING HOUSE  N/APPLICATION WAS MADE AVAILABLE
s. APPLICANT	44,163		TO THE STATE EXECTED REVIEW ON:	UTIVE ORDER 12372 PROCESS FOR
s. STATE \$	35,059	b. YES	DATE September 2	25, 2002 DT COVERED BY E.O. 12372
I. LOCAL \$	26,741	0. 1133		S NOT BEEN SELECTED BY STATE FOR
s. OTHER \$	27,742	16. IS TI	HE APPLICANT DELINOU	UENT ON ANY FEDERAL DEBT?
TOTAL \$	480,064		YES If "Yes," attach an	
7. TO THE BEST OF MY KNOWLEDGE AND E AUTHORIZED BY THE GOVERNING BODY OF TH				O CORRECT, THE DOCUMENT HAS BEEN DULY SURANCES IF THE ASSISTANCE IS AWARDED.
. TYPED NAME OF AUTHORIZED REPRESEN	/ \			c. TELEPHONE NUMBER:
Roger Palomino	Execu	tive Direct	or	(559)-263-1012
SIGNATURE OF AUTHORIZED REPRESENTA	ATIVE: // - "			e. DATE SIGNED:

					OMB Approval No. 0348-0043
APPLICATION FOR 2. DATE SUBMITTE 11-21-01		ED	F		ion Identifier
1. TYPE OF SUBMISSION:  Application Preapplication  ☐ Construction ☐ Construction	3. DATE RECEIVED	BY STATE	Sta	t BAP	politication identifier V E
☐ Non-Construction ☐ Non-Construction	4. DATE RECEIVED	BY FEDERAL AGENCY	Fed	ielai	Identifier 2 8 2002
5. APPLICATION INFORMATION			$\vdash$	-1	
Legal Name SUPERIOR CALIFORNIA ECONOMIC DEVELOPMENT DISTRICT		Organizational Unit	1	STA	ATE CLEARING HOUSE
Address (give city, county, state, and zip code)	A TOTAL CONTRACTOR OF THE STATE	Name and telephone involving this applicat			f the person to be contacted on matters area code)
737 Auditorium Drive, Suite A Redding, Shasta County, California 96001	:	Robert Nash, Executive Phone: (530) 225-276			i30) 225-2769
6. EMPLOYER IDENTIFICATION NUMBER (EIN):					ter appropriate letter in box) G
6 8 _ 0 3 4 3 0	5 1	A. State B. County C. Municipal	1.	Sta	lependent School Dist. ate Controlled Institution of Higher Learning vate University
8. TYPE OF APPLICATION:		D. Township			ian Tribe
☐ New ☐ Continuation	Revision	E. Interstate F. Intermunicipal			ividual ofit Organization
If Revision, enter appropriate letter(s) in boxes(es)		G. Special District			ner (Specify):
	Increase	9. NAME OF FEDER	RAL A	GEN	ICY:
D. Decrease Duration Other (specify):		U.S. Department of C			
		Economic Developme	en A	ammi	Istration
10. CATALOG OF FEDERAL DOMESTIC 1 1 ASSISTANCE NUMBER:	3 0 2	11. DESCRIPTIVE TI	TLE	OF A	APPLICANT'S PROJECT:
		Discusion and insulance			f a lang range agonomic dovolonment program
TITLE: Economic Development Support for Plannin	Planning and implementation of a long range economic development program which will focus on job retention/creation and economic diversification to alleviate substantial unemployment within the district.				
12. AREAS AFFECTED BY PROJECT (cities, counties					
Modoc, Shasta, Siskiyou and Trinity Counties in Ca	lifornia				
	RESSIONAL DISTR	ICTS OF:			
Start Date Ending Date a. Applicar 01-01-03 12-31-03 2 <sup>nd</sup> (H	it lerger)			0. Pr	oject (Herger)
15. ESTIMATED FUNDING: a. Federal \$ 60,000	16. IS APPLICATION				ATE EXECUTIVE ORDER 12372 PROCESS? ON WAS MADE AVAILABLE TO THE
a. Federal \$ 00,000					PROCESS FOR REVIEW ON:
b. Applicant \$ 20,000	DATE	10-8-02			
c. State \$	b. NO. 🗌 Pf	ROGRAM IS NOT COV	/ERE	D BY	r E.O. 12372
d. Local \$		R PROGRAM HAS NO	T BE	EEN S	SELECTED BY STATE FOR REVIEW
e. Other \$					
f. Program Income \$	17. IS THE APPLICA	NT DELINQUENT ON	ANY	FED	DERAL DEBT?
g. TOTAL \$ 80,000		'Yes," attach an explan			□ No
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN TH AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND T	IS APPLICATION/PREAPPI THE APPLICANT WILL COM	ICATION ARE TRUE AND CC IPLY WITH THE ATTACHED A	ORREC ASSUR	CT THE RANCE	EDOCUMENT HAS BEEN DULY SIF THE ASSISTANCE IS AWARDED
Typed Name of Authorized Representative     Kenneth Humberston	b. Title Presid				c. Telephone number (530) 225-2760
d. Signature of Authorized Representative					e. Date Signed 11-21-02

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Standard Form 424 (REV 4-88) Prescribed by OMB Circular A-102

APPLICATION FOR	₹	***************************************			
FEDERAL ASSIST		2. DATE SUBMITTED		Applicant Identifier	
1.TYPE OF SUBMISSION:		3. DATE RECEIVED BY STA	TF	State Application Identifier	
Application	Preapplication			Otate Application Identifier	
	<b>—</b>	4. DATE RECEIVED BY FED	ERAL AGENCY	Federal Identifier	
Construction	Construction		LIVAL ACCITOT	derai identinei	
Non-Construction 5. APPLICANT INFORI	Non-Construction				
			1.	**************************************	7778
Legal Name: Rural ( Address (give city, county, sta		Housing	Organization		
237 E. Gol				lephone number of person to on (give area code)	o be contacted on matters involving
Ukiah, CA.				•	463 1975 ext. 8
UKIAII, CA.	9,3402				100 (3.0 Gma. 0
C. SHOLOVED IDENTIFICATIO					
6. EMPLOYER IDENTIFICATION	ON (EIN):		7. TYPE OF	APPLICANT: (enter appropri	ate letter in box)
9 4 - 2	3   1   9   8	9 4			N
			A. State B. County	/ I. State Cont	ent School Dist. trolled Institution of Higher Learning
8. TYPE OF APPLICATION:	· · · · · · · · · · · · · · · · · · ·	<u>ئىشت</u> ىر	C . Municip D. Townsi	al J. Private Ui	niversity
	New Con	inuation Revision	E. Intersta	ite L. Individual	
	,	primaries q	F. Intermu		anization ecify)
If Revision, enter appropriate I	etter(s) in		Non-	Profit Housin	g Corporation
			""	rioric nodbin	ig corporation
A. Increase Award D. Decrease Duration	B. Decrease Award	c. Increase Duration			
D. Decrease Duration	Other (specify):				
			1	EDERAL AGENCY:	
				Department of	
				Development	
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE	NUMBER:	11. DESCRIP	TIVE TITLE OF APPLICANT	S PROJECT:
	[1 ] C	- 7 6 6	Commu	nities Facili	ties Loan
TITLE:					I RECEIVED
12. AREAS AFFECTED BY PR					d Courses of process a granter access
	ndocino Co	unty;			OCT 2 5 2002
Californi					UCI & 8 2002
13. PROPOSED PROJE	ECT 14. CONGRE	SSIONAL DISTRICTS O	OF:		
Start Date Ending Date	a. Applicant		b. Proje		STATE CLEARING HOUSE
2/1/03 7/31/	03	2nd		2nd	And the second s
15	. ESTIMATED FUI	NDING		PPLICATION SUBJECT TO DER 12372 PROCESS?	REVIEW BY STATE EXECUTIVE
a. Federal	\$ 775,00	$\cap$	l		
	173,00	U	a. \		ON/APPLICATION WAS MADE
b. Applicant	\$			12372 PROCESS FOR	
	'				
c. State	\$			10/2	0/00
	<u> </u>			DATE10/2	8/02
d. Local	\$				
	<u> </u>		b. N	O PROGRAM IS NO	T COVERED BY E.O. 12372
e. Other	\$			OR PROGRAM HA	S NOT BEEN SELECTED BY
		· · · · · · · · · · · · · · · · · · ·		STATE FOR REVIE	
f. Program Income	\$			·	
- Togram mooning	1		17. IS TH	E APPLICANT DELINQUEN	T ON ANY FEDERAL DEBT?
g. Total	\$ 775.000	0	·الا اه.	YES (Attach explanation)	_у ио
g	\$ 775,000		.00		
18. TO THE BEST OF M	Y KNOWLEDGE	AND BELIEF, ALL DATA	A IN THIS A	PPLICATION/PREAPP	LICATION ARE TRUE AND
CORRECT, THE DOCUM	MENT HAS BEEN	DULY AUTHORIZED B	Y THE GOV	/ERNING BODY OF T	THE APPLICANT AND THE
APPLICANT WILL COMP			THE AS	SISTANCE IS AWARD	PED.
a.Type Name of Authorized Repr	resentative	b. Title			c. Telephone Number
Duame Hill		Exe	cutive	Director	707 463 1975 x.   8
d Signature of Authorized Repres	entative				e. Date Signed
17 Mile					10/22/02





U.S. Department of Transportation

**Federal Transit Administration** 

## ance answered **Application for Federal Assistance**

Recipient ID:	5448
Recipient Name:	YOLO COUNTY TRANSPORTATION DISTRICT
Project ID:	CA-90-Y165
Budget Number:	1 - Budget Pending Approval
Project Information:	transit planning, capital projects

### **Part 1: Recipient Information**

Project Number:	CA-90-Y165		
Recipient ID:	5448		
Recipient Name:	YOLO COUNTY TRANSPORTATION DISTRICT		
Address:	350 INDUSTRIAL WAY , WOODLAND, C	A 95776 0000	
Telephone:	(530) 661-0816		
Facsimile:	(530) 661-1732		
Union Inform	ation	OCT 2 5 2002	
No information found.		STATE CLEARING HOUSE	

## Part 2: Project Information

Project Type:	Grant	Gross Project	\$1,222,703
Project Number:	CA-90-Y165	Cost:	
	transit planning, capital	Adjustment Amt:	\$0
Project Description:	projects	Total Eligible Cost:	\$1,222,703
Recipient Type:	Other Governmental	Total FTA Amt:	\$978,162
riecipierit rype.	Organization	Total State Amt:	\$0
FTA Project Mgr:	Philoki Barros	Total Local Amt:	\$244,541
Recipient Contact:	Martie Dote	Other Federal	40
New/Amendment:	None Specified	Amt:	\$0
Amend Reason:	None Specified	Special Cond Amt:	\$0

Fed Dom Asst. #:	None Specified
Sec. of Statute:	5307
State Appl. ID:	None Specified
Start/End Date:	Jul. 01, 2002 - Jun. 30, 2003
Recvd. By State:	
EO 12372 Rev:	Not Applicable
Review Date:	None Specified
Planning Grant?:	NO
Program Date (STIP/UPWP/FTA Prm Plan) :	Jul. 31, 2002
Program Page:	•
Application Type:	Electronic
Supp. Agreement?:	Yes
Debt. Delinq. Details:	

Special Condition:	None Specified
S.C. Tgt. Date:	None Specified
S.C. Eff. Date:	None Specified
Est. Oblig Date:	01-Sep-2002
Pre-Award Authority?:	Yes
Fed. Debt Authority?:	No
Final Budget?:	No

#### **Urbanized Areas**

UZA ID	UZA Name
60000	CALIFORNIA
60000	CALIFORNIA

#### **Congressional Districts**

State ID	District Code	District Official
6	3	Doug Ose
6	4	John T Doolittle

#### **Project Details**

Using urban formula (Section 5307) funds for YCTD 2002/03 budget year, transit planning (Yolobus service planning), preventive maintenance and capital overhauls, ADA operating assistance, corridor study consultant (four-county study in the I80 corridor for regional rail service), maintenance truck and maintenance facility improvements and equipment, and passenger amenities for various Yolobus stops (shelters, benches and pull-outs).

### Part 3: Budget

**Project Budget** 

To jost Budget	Quantity	FTA Amount	Tot. Elig. Cost
SCOPE			
442-00 METROPOLITAN PLANNING	0	\$108,162	\$135,203
ACTIVITY			

						OMB Approval No. 0348-0043		
AFFEIGATION		2. Date Submitted (mm/cd/yyyy)		Applicant Identifier				
FEDERAL AS	ISISTANCE		09/27/02		E BORLVBD			
Type of Submissi     Application		olication	i. Data Rocelved by	State (nim/dd/yyyy)	State applicant Ide Offer			
○ Construction	☐ Can		I. Date Recoived by	Federal Agency	Federal hantifler	2 3 2002		
Nan-Construction	n 🔲 Non	-Construction (	mm/dd/yyyy)			8a-		
5. APPLICANTINFO	ORMATION			1.100		TOWO HOUSE		
Legal Namo:	np :p=		4	Organizational Unit:	TSTATE CLE	ARING HOUSE		
Addresst (giva city, cour	Community Hom	e Partners, LLC	4	Name and tolophone no	miber of the person to be contacted	on mailers involving this		
675 North First St				application (give area or Maxine Brookner	ode)			
San Jose, CA 951				Phone: 925,806,1600,	fax 925,506,1661			
6. EMPLOYER IDE	NTIFICATION NUMB	ER (EIN):		7. TYPE OF APPLI		М		
7	7 - 0	4 8 1 4	5 9	A. State B. County		Insulution of Higher Learning		
B. TYPE OF APPLI	CATION:			C. Municipal	K. Indian Triba	,,		
	⊠ New	☐ Continuation	☐ Revision	D. Township E. interslate	L, Individual M, Profit Organizali	on		
	E 1464			F, Intermunicipal	N. Nonprofit	0.775		
)[ Revision, entor approp	onale letter(e) in box(es): B. Decreas		ease Duration	G. Special District     H. Independent Scho	ol Dist. P. Other	Agency		
				9. NAME OF FEDE	(Specify)			
O. Decreuse Durate	on Other (spo)	cilà).		U.S. Department of Housing and Urban Development				
			<del></del>	44 presentive	TITLE OF APPLICANT'S PR	0 IECT.		
	FEDERAL DOMESTI IUMBER: (***yyy)	C 1 1 1 •	1 3 4	See attached Lo	gal Description and Property	Description		
	Luciana Contan	222		104-bod assisted living facility, with Dementia component. Additional funding provided by the Santa Clara RDA. Project has reserved 21 beds as				
	i Insurance • Section			affordable.	odina o divisioni i i i i i i i i i i i i i i i i i i			
12. AREAS AFFEC	TED BY PROJECT	(cities, counties, sta	iles, olc.):					
s	Santa Clara, Santa Cl	ara County, Colifornia	1					
13. PROPOSED PE	ROJECT:	14. CONGRESSIC	NAL DISTRICTS OF	·				
Start Date (mm/dd/yyyy)	Ending Dule (mit/dd/yyyy)	a. Applicant			b. Project			
61/01/03	07/01/04							
15. ESTIMATED FL	UNDING:		10. IS APPLICA	ATION SUBJECT TO F	REVIEW BY STATE EXECUT	IVE ORDER 12372 PROCESS?		
de la color			a. YES. THIS	PREAPPLICATION/APPL TATE EXECUTIVE ORDER	LICATION WAS MADE AVAILABLE R 12372 PROCESS FOR REVIEW	E TO THE ON.		
			TATE	E (mm/dd/yyyy)	N/A			
				(1,11,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1	1177			
Complete for	m HUD-424-M, I	Funding Matrix	b. NO 🔲	PROGRAM IS NOT COV	CRED BY E.O. 12372			
			OR 🏻	PROGRAM HAS NOT BE	EN SELECTED BY STATE FOR R	RAIEM		
			17. IS THE APP	PLICANT DELINQUEN	IT ON ANY FEDERAL DEBT	?		
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		☐ Yes	If "Yes," attach an expir		No No		
AUTHORIZED BY THE GO	knowledge and Beliff, Iverning body of the Af	PLICANT AND THE APPLIC	ANT WILL COMPLY WITH	THE ATTACHED ASSURANCE	S IF THE ASSISTANCE IS AWARDED.	No. of the last of		
a. Typed Name of Aeth	norized Representative			b. Tille	lortgage Analyst	c. Telephone number (Include Area Code) 415,733 1552		
d. Signature of Author	Miriani zed Regresentation	3. GIII		SCHOI N	on the comment	e. Date Signed (mm/dd/yyyy)		
d. Signatore of config.	X	·//				9/27/02		
(S. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.				-		Standard Form 424		
Previous Edition Uses (7/97)						Prescribed by OMB Circular A-102		

Authorized for Local Reproduction

APPLICATION FOR				The state of the s		
EDERAL ASSISTANCE		May 28, 2002		pplicant Identifier		
. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier		
Application Construction Non-Construction	Preapplication Construction Non-Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier		
. APPLICANT INFORMATION	V .		Conscioning all laits			
egal Name:			Organizational Unit: Migrant Hous	ina		
County of Colusa ddress (give city, county, State	te and zin code):		Name and telephone	number of person to be contacted on matters involvi		
100 Sunrise blvd., S			this application (give a			
	ouite i		I I amm . A I/m . a	- E20 4E8 0E80		
Colusa, CA 95932	ON MURDED (CIA).		7 TYPE OF APPLIC	1, 530-458-0580 ANT: (enter appropriate letter in box)		
EMPLOYER IDENTIFICATI			A. State	H. Independent School Dist.		
3. TYPE OF APPLICATION:			B. County	I. State Controlled Institution of Higher Learning		
₽ N	ew Continuation	Revision	C. Municipal D. Township	J. Private University K. Indian Tribe		
ura di tanananiata l	atter(a) in hey/as)		E. Interstate	L. Individual		
If Revision, enter appropriate letter(s) in box(es)			F. Intermunicipal	M. Profit Organization		
A. Increase Award B. D.	ecrease Award C. Increa	se Duration	G. Special District	N. Other (Specify)		
D. Decrease Duration Other	er(specify):	•	9. NAME OF FEDER	RAL AGENCY:		
			U.S.D.A. Rural	Development		
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANCE	NUMBER:	11. DESCRIPTIVE T	TITLE OF APPLICANT'S PROJECT:		
	DOMESTIC ASSISTANCE	10-405	I	Itural Farm Labor Housing		
TITLE: 12. AREAS AFFECTED BY F	PROJECT (Cities, Counties, S	States, etc.):	<b>-</b>			
City of Williams, County				1411/ 000		
13. PROPOSED PROJECT	14. CONGRESSIONAL	DISTRICTS OF:		STATE 23		
Start Date		3	b. Project	3 CLEADING		
15. ESTIMATED FUNDING:			16. IS APPLICATION ORDER 12372	ON SUBJECT TO REVIEW BY STATE EXECUTIVE PROCESS?		
a. Federal	\$	3,000,000		REAPPLICATION/APPLICATION WAS MADE BLE TO THE STATE EXECUTIVE ORDER 12372		
b. Applicant	\$	5,000	1	SS FOR REVIEW ON:		
c. State	\$	2,000,000	DATE _			
d. Local	\$	400,000		RAM IS NOT COVERED BY E. O. 12372 ROGRAM HAS NOT BEEN SELECTED BY STATE		
e. Other	\$			REVIEW		
f. Program Income	\$	•	17. IS THE APPLIC	CANT DELINQUENT ON ANY FEDERAL DEBT?		
g. TOTAL	\$	5,405,000 ·	-	s," attach an explanation. 🔽 No		
DOCUMENT HAS BEEN D	(NOWLEDGE AND BELIEF, ULY AUTHORIZED BY THE S IF THE ASSISTANCE IS A	GOVERNING BODY OF	LICATION/PREAPPLIC THE APPLICANT AND	CATION ARE TRUE AND CORRECT, THE O THE APPLICANT WILL COMPLY WITH THE		
a. Type Name of Authorized		b. Title		c. Telephone Number		
Harry A. Krug		Director of Migra	ant Housing	(530) 458-0580		
				e Date Singer —		
d. Signature of Authorized F	Representative	4		e. Date Signal Standard Form 424 (Rev. 7-97)		

APPLICAT FEDERAL		CE	2. DATE SUBMITTED	<u>(                                    </u>	Applicant Identifier	
1. TYPE OF SUBMIS	Preapp	lication	3. DATE RECEIVED BY	STATE	State Application Identifier	
Construction		nstruction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	
Non-Constru		n-Construction				
Legal Name:	IMATION			Organizational Uni	t:	
	Valley Wat	er District		Stormwater		
Address (give city,	-	zip code):		Name and telephor this application (g	ne number of the person to be co- ive area code):	ntacted on matters involving
	e Box 1058 Californi	a 92236			wartz, Principal St	ormwater Engineer
Riverside		u )			-2661 ext. 270	_
						- A1
6. EMPLOYER IDENT	IFICATION NUMBER	TTTT		7. TYPE OF APPLICA	ANT: (enter appropriate letter in b H. Independent Schol	
9	5 - 6	0 0 0	8 2 7	B. County		stitution of Higher Learning
8. TYPE OF APPLICA	TION:		· · · · · · · · · · · · · · · · · · ·	C. Municipal D. Township	J. Private University  K. Indian Tribe	·
	⊠ New	☐ Continuation	Revision	E. Interstate	L. Individual	
If Revision, enter ap	oropriate letter(s) in	box(es):		F. Intermunicip G. Special Distr		
A. Increase Awar			ncrease Duration			
D. Decrease Dur	ation Other (spec	ify):		9. NAME OF FEDERA	AL AGENCY:	
				USDA, Natu	ıral Resource Conse	rvation Service
e. CATALOG OF FED	ERAL DOMESTIC		9 0 4	11. DESCRIPTIVE TIT	LE OF APPLICANT'S PROJECT:	
ASSISTANCE NUI	MBER:	1 0	9 0 4	Oasis Area	a Drainage Basin	general constitution and a constitution of the
TITLE: Watershed Protection and Flood			(Description Attached) RECEIVE			
	ention					
oasis area	in Rivers	ide County,	etc.): California			OCT 2 2 2002
		1				STATE CLEARING HOL
Start Date	ECT: Ending Date	a. Applicant	NAL DISTRICTS OF:		: b. Project	
Start Date		1		D	U.S. Representat	ivo Mary Rono
n/a	n/a	U.S. Repr	esentative M		<u>:</u>	
5. ESTIMATED FUNDI					/ BY STATE EXECUTIVE ORDER 1237 /APPLICATION WAS MADE AVAIL	,
. Federal	s not ye	.00 t determine	ed STA	ATE EXECUTIVE OR	DER 12372 PROCESS FOR REVIE	EW ON:
. Applicant	\$ 11 11	nn		TE		
State	\$ ,, ,,	.00	ь по.	PROGRAM IS NOT	COVERED BY E.O. 12372	
Local	s	.00				
	3 11 11			OR PROGRAM HA	S NOT BEEN SELECTED BY STA	TE FOR REVIEW
. Other	\$ ,, ,,	.00				
Program Income	\$ 11 11	.00	17. IS THE APPLICA	ANT DELINQUENT ON	ANY FEDERAL DEBT?	
			Yes If	"Yes," attach an exp	lanation.	X No
TOTAL	\$ 11 11	.00				
B. TO THE BEST OF M	Y KNOWLEDGE AND GOVERNING BODY O	BELIEF, ALL DATA II	N THIS APPLICATION/PR	REAPPLICATION ARE THE A	RUE AND CORRECT, THE DOCUMENT ATTACHED ASSURANCES IF THE ASS	THAS BEEN DULY SISTANCE IS AWARDED
Typed Name of Au			Ь	o. Title		c Telephone number
See Attache	d Signatur	e Pages		General Mana	<del></del>	(760) 398–2651
I. Signature of Author	orized Representati	ve				e Date Signed
	~~ (	Xev	ry			10/7/02
revious Editions Not	Usable		$\mathcal{A}$		Stand	ard Form 424 (REV 4-88)

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Standard Form 424 (REV 4-88) Prescribed by OMB Circular A-102

OMB Approval No. 0348-0043

APPLICATIO FEDERAL AS			2. Date Submitted (mm/dd/yyyy)		Applicant Identifier		
			7/17		04.4.4		
Type of Submiss     Application		pplication	3. Date Received by	/ State (mm/dd/yyyy)	State Applicant Identifier		
Construction	□ c₀	nstruction	4. Date Received by	/ Federal Agency	Federal Identifier		
☐ Non-Constructio	n 🗌 No	n-Construction	(mm/dd/yyyy)				
5. APPLICANT INFORMATION							
Legal Name:	CHAMBOOKH	OLDINGS LLC		Organizational Unit:			
Address (give city, cour		OLDINGS, LLC		Name and telephone nu	mber of the person to be contacte	ed on matters involving this	
Address (give city, county, state, and zip code):  2115 S. W. SUNSET DRIVE PORTLAND, OR 97201-2065				application (give area co JAMES HAMERNICK, R 703-760-4743	ode) REILLY MORTGAGE GROUP		
6. EMPLOYER IDENTIFICATION NUMBER (EIN):				7. TYPE OF APPLIC	CANT:	M	
		B D		A. State	I. State Controlle	d Institution of Higher Learning	
8. TYPE OF APPLIC	CATION:		•	B. County C. Municipal	J. Private Univers K. Indian Tribe	ity	
		<b>.</b>	<b>-</b>	D. Township	L. Individual	<b>4</b>	
	⊠ New	☐ Continuation	Revision	E. Interstate F. Intermunicipal	M. Profit Organiza N. Nonprofit	tion	
If Revision, enter approp	priate letter(s) in box(es)	:		G. Special District	O. Public Housing	g Agency	
A. Increase Award	B. Decrea	se Award C. In	crease Duration	H. Independent School	ol Dist. P. Other (Specify)		
D. Decrease Duratio	on Other (spe	əcify):		9. NAME OF FEDERAL AGENCY: US DEPARTMENT OF HOUSING & URBAN DEVELOPMENT			
10 CATALOG OF	FEDERAL DOMEST	ic		11 DESCRIPTIVE	TITLE OF APPLICANT'S PR	OJECT:	
	IUMBER: (xx-yyy)	1 4	• 1 2 9	FHA SECTION 232, NEW CONSTRUCTION  100 Unit Assisted Living Facility			
TITLE: Mortgage	Insurance - Nursing	Homes, Intermedia	te Care Facilities,	100 Onit Assiste	d Living Facility		
Board & Care Hor 12. AREAS AFFEC	mes and Assisted Liv	<del></del>	tates, etc.):			RECEIVED	
SIC	OCKTON, JOAQUIN	COUNTY, CALIFOR	KNIA		-1	OCT 2 1 2002	
13. PROPOSED PR	O IECT.	44 CONCRESS	IONAL DISTRICTS OF			OLEADING HOUSE	
Start Date	Ending Date	a. Applicant	ONAL DISTRICTS OF	·	b. Project	STATE CLEARING HOUSE	
(mm/dd/yyyy)	(mm/dd/yyyy)		NGRESSIONAL DISTR	ICT 11	-	IONAL DISTRICT 11	
7/15/03	5/15/04						
15. ESTIMATED FU	JNDING:	<u> </u>	16. IS APPLICA	TION SUBJECT TO R	EVIEW BY STATE EXECUT	IVE ORDER 12372 PROCESS?	
					ICATION WAS MADE AVAILABL 12372 PROCESS FOR REVIEW		
						511.	
			DATE	(mm/dd/yyyy)	10/17/02		
Complete form HUD-424-M, Funding Matrix		b. NO. □ I	b. NO. PROGRAM IS NOT COVERED BY E.O. 12372				
		OR LIF	PROGRAM HAS NOT BEE	N SELECTED BY STATE FOR R	EVIEW		
			17. IS THE APP	LICANT DELINQUEN	T ON ANY FEDERAL DEBT	? ⊠ No	
l .		91	CATION/PREAPPLICATION AI	RE TRUE AND CORRECT. TH	E DOCUMENT HAS BEEN DULY IF THE ASSISTANCE IS AWARDED.		
a. Typed Name of Auth			Ta	b. Title	PRESIDENT	c. Telephone number (Include Area Çode) 703-760-4743	
d. Signature of Authoriz		Man	unch	<b>VIOL</b> 1	- van de 164 (4 1 1	e. Date Signed (mm/dd//yyy)	
Pravious Edition Usebb						Standard Form 424	

(7/97)

<b>APPLICATION FOR</b>				OMB Approval No. 0348-0
FEDERAL ASSISTAL	NCE	2. DATE SUBMITTED October	14, 2002	Applicant Identifier
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier
Application Construction	Preapplication Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier
✓ Non-Construction	☐ Non-Construction			J
5. APPLICANT INFORMATION			1	MANAGEMENT AND THE STATE OF THE
Legal Name: The Regents of the U		rnia	Organizational Unit: Office of Rese	
Address (give city, county, State,				number of person to be contacted on matters invol-
Santa Barbara, Santa CA, 93106	a Barbara County		this application (give a Wilbert Lick	(805) 893-4295
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		7. TYPE OF APPLICA	ANT: (enter appropriate letter in box)
95-6006	1 4 5		A. State	H. Independent School Dist.
8. TYPE OF APPLICATION:			B. County	I. State Controlled Institution of Higher Learning
□ New	Continuation	✓ Revision	C. Municipal	J. Private University
		, <u></u>	D. Township	K. Indian Tribe
If Revision, enter appropriate letter	er(s) in box(es)	·	E. Interstate	L. Individual
A. Increase Award B. Dec	rease Award C. Increase	o Duration	F. Intermunicipal G. Special District	M. Profit Organization  N. Other (Specify)
7.1.110.00000	specify):	e Duration	•	
			9. NAME OF FEDERA	AL AGENCY:
			U.S. Environmer	ntal Protection Agency
10. CATALOG OF FEDERAL DO	OMESTIC ASSISTANCE N	JMBER:	11. DESCRIPTIVE TI	TLE OF APPLICANT'S PROJECT:
TITLE: Great Lakes	Program	6 6 — 4 6 9	Sediment Modeli	RECEIVED OCT 2 1 2002
12. AREAS AFFECTED BY PRO		ates, etc.):	1	
Santa Barbara, CA & the	Great Lakes, Lake Mid	chigan		
13. PROPOSED PROJECT	14. CONGRESSIONAL DI	STRICTS OF:		STATE CLEARING HOUSE
Start Date	a. Applicant	2	b. Project	22
15. ESTIMATED FUNDING:		<u> </u>	16 IS APPLICATION	SUBJECT TO REVIEW BY STATE EXECUTIVE
15. ESTIMATED FONDING.			ORDER 12372 PF	
a. Federal	\$	70,012	a. YES. THIS PREA	APPLICATION/APPLICATION WAS MADE
b. Applicant	\$	.00		E TO THE STATE EXECUTIVE ORDER 12372 FOR REVIEW ON:
c. State	\$	.00	DATE	10/11/02
d. Local	\$	.00		 AM IS NOT COVERED BY E. O. 12372
e. Other	\$	.00	-	GRAM HAS NOT BEEN SELECTED BY STATE
f. Program Income	\$	.00	17 IS THE ARRIVA	NT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL	\$	70,012	1	attach an explanation.
I and the second				TION ARE TRUE AND CORRECT, THE
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF			E APPLICANT AND T	HE APPLICANT WILL COMPLY WITH THE
a. Type Name of Authorized Rep		b. Title		c. Telephone Number
Karen T. Hanson		Assoc. Dir. Sponso	ored Projects	(805) 893-3890

e. Date Signed

APPLICATION FOR					provar 110: 0040-00:
FEDERAL ASSISTA	NCE	2. DATE SUBMITTED		Applicant Identifier	
·		10/17/02			
1. TYPE OF SUBMISSION:	-	3. DATE RECEIVED BY	STATE	State Application Identifier	
<u>Application</u>	Preapplication				
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	
X Non-Construction	Non-Construction			<u> </u>	
5. APPLICANT INFORMATION			Organizational Unit:		
Legal Name:			1 -	mama Dont	
Proteus, Inc. Address (give city, county, State,	and zin code):		Special Prog	number of person to be contacte	d on matters involvi
1830 N. Dinuba Bly			this application (give a	•	
Visalia, CA 93291	, u .			Eddie Jimen (559) 733-5	ez 423
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		7. TYPE OF APPLICA	ANT: (enter appropriate letter in L	
94 — 2184	3 3 0		A. State	H. Independent School Dist.	N
8. TYPE OF APPLICATION:			B. County	I. State Controlled Institution of	Higher Learning
X New	Continuation	Revision	C. Municipal	J. Private University	_
[X] New			D. Township	K. Indian Tribe	
If Revision, enter appropriate lette	er(s) in box(es)		E. Interstate	L. Individual	
A lawyer Award B Doo	rease Award C. Increase	Duration	F. Intermunicipal G. Special District	M. Profit Organization N. Other (Specify) Non-pre	ofit
7	rease Award	s Duration	G. Special District	organi	
D. Decrease Duration Circles	specify).		9. NAME OF FEDERA		<u> </u>
			,	EPA	
10. CATALOG OF FEDERAL DO	OMESTIC ASSISTANCE NU	JMBER:	11. DESCRIPTIVE TI	TLE OF APPLICANT'S PROJEC	OT:
10. 04/4200 01 (2521)/2 5	Г		Childhood	T C PROPERTY OF THE PROPERTY O	
Childhaa	ا od_Lead Poisoning	$\frac{6 6 }{7 1 5 }$	Program	Le de Porsoning Re	vention
l TITLE: Outreach	Grant		riogram	consistent Executive	
12. AREAS AFFECTED BY PRO	DJECT (Cities, Counties, Sta	ites, etc.):	.	OCT 2 1 2002	
Tulare, Kings, Ke	rn and Fresno co	unties			
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	STRICTS OF:		STATE CLEARING HOUSE	
Start Date Ending Date	a. Applicant		b. Project		
Jan 2003 Dec 2003		, 20 and 21	18, 19, 20	and 21	
15. ESTIMATED FUNDING:	<u> </u>			SUBJECT TO REVIEW BY STA	ATE EXECUTIVE
			ORDER 12372 PF	ROCESS?	
a. Federal	\$ 25,000	.00			
	23,000		1,	APPLICATION/APPLICATION W	
b. Applicant	\$	.00	AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:		
c. State	\$	.00	DATE _1(	0/17/02	
d. Local	\$	.00	b. No.  PROGR/	AM IS NOT COVERED BY E. O.	12372
e. Other	\$	.00	OR PROG FOR REV	GRAM HAS NOT BEEN SELECT VIEW	TED BY STATE
f. Program Income	\$	.00	17 IS THE ADDITION	NT DELINQUENT ON ANY FED	FRAL DEBT?
g. TOTAL	\$ 25,000		1	attach an explanation.	No
18. TO THE BEST OF MY KNOW	WLEDGE AND BELIEF, AL	L DATA IN THIS APPLIC	ATION/PREAPPLICA	TION ARE TRUE AND CORREC	T, THE
1	AUTHORIZED BY THE GO	VERNING BODY OF TH		HE APPLICANT WILL COMPLY	
a. Type Name of Authorized Rep		b. Title	i i	c. Telephone Number	
Michael E. McCann		Chief Execut	ive Officer	(559) 733-5423	
d. Signature of Authorized Repre				e. Date Signed 10/14/02	
1 1 1 Comment	/ /			1 +0/ +7/ 04	

DOT	
U.S. Department of Transportation	



**Application for Fed€** 

1	حاد	ي	Ш	<u>U</u>	<u> </u>			
			geston Grander	C		1	/F	
	8	P, R	-		Bereiro	1 1	/ L	on had

<u> </u>	1 The Shall Van L
1647	OCT 2 1 2002
CITY OF CULVER CITY	OCT 2 I 2002
CA-90-Y189	STATE CLEARING HOUSE
1 - Budget Pending Approval	
6 30` CNG buses; AVL; prev. mainten	
	CITY OF CULVER CITY CA-90-Y189 1 - Budget Pending Approval

## Part 1: Recipient Information

Project Number:	CA-90-Y189
Recipient ID:	1647
Recipient Name:	CITY OF CULVER CITY
Address:	4343 Duquesne Avenue, CULVER CITY, CA 90232 3576
Telephone:	(310) 253-6500
Facsimile:	(310) 253-6513

### **Union Information**

Recipient ID:	1647			
Union Name:	CULVER CITY EMPLOYEES ASSOCIATION			
Address 1:	9770 Culver Boulevard			
Address 2:	Post Office Box 507			
City:	Culver City, CA 90232 0507			
Contact Name:	Fred Deimel			
Telephone:	(310) 253-5790			
Facsimile:	(310) 253-5785			

## Part 2: Project Information

	Project Type:	Grant	Gross Project	
	Project Number:	CA-90-Y189	Cost:	
	Project Description:	6 30' CNG buses; AVL; prev.	Adjustment Amt:	
		mainten	Total Eligible Cost	
			l 1	

Gross Project Cost:	\$5,381,000
Adjustment Amt:	\$0
Total Eligible Cost:	\$5,381,000

Recipient Type:	City			
FTA Project Mgr:	Ray Tellis			
Recipient Contact:	Andre Colaiace			
New/Amendment:	None Specified			
Amend Reason:	None Specified			
Fed Dom Asst. #:	None Specified			
Sec. of Statute:	5307			
State Appl. ID:	None Specified			
Start/End Date:	Jan. 01, 2003 - Dec. 31, 2003			
Recvd. By State:				
EO 12372 Rev:	YES			
Review Date:	Nov. 01, 2002			
Planning Grant?:	NO			
Program Date (STIP/UPWP/FTA Prm Plan):	Oct. 04, 2002			
Program Page:	8-11			
Application Type:	Electronic			
-				
Supp. Agreement?:	Yes			
Debt. Delinq. Details:				

Total FTA Amt:	\$4,475,000
Total State Amt:	\$0
Total Local Amt:	\$906,000
Other Federal Amt:	\$0
Special Cond Amt:	\$0
Special Condition:	None Specified
Sുറ. Tgt. Date:	None Specified
S.C Eff. Date:	None Specified
Est. blig Date:	None Specified
Pre-Award Authority?:	Yes
Fed. Debt Authority?:	No
Final Budget?:	No

#### **Urbanized Areas**

UZA ID	UZA Name
60020	LOS ANGELES, CA
60020	LOS ANGELESLONG BEACHSANTA ANA, CA

#### **Congressional Districts**

State ID	District Code	District Official		
6	32	Diane E Watson		

#### Project Details

The City is requesting \$1,247,000 in federal assistance for the procurement of 4 (four) replacement 30' CNG buses to replace existing buses in its fleet. The TIP project ID No. is LAOB404.

The funding breakdown for this project is as follows: FTA Section 5307 \$1,247,000 TDA Art IV Capital \$192,000 MSRC Local Match \$120,000

DRAFT

		PART I	- FACE SH	EET	DEGELVE I	
APPLICATION FOR FEDERAL ASSISTAN			TANCE	1. TYPE OF SU Non-Const.u	0 1 0000	
28. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):	3. DATE REC	3. DATE RECEIVED BY STATE:		STATE APPLICA	STATE CLEARING HOUSE	
2b. APPLICATION ID:	4. DATE REC	EIVED:	recommendation for an abilities to the contract of AMP (II). By the contract of	1 L	GRANT NUMBER:	
038R026622			**************************************	025RPCA009		
5. APPLICATION INFORMATION  LEGAL NAME: CITY OF OXNARD RECREATION DIV		PERSON TO	NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give			
ADDRESS (give street address, city, state an	đ zip code):		NAME: Jo A.	Brea codes):  NAME: Jo A. Ronch		
350 North C 51 Oxnard CA 93030			FAXNUMBER	TELEPHONE NUMBER: 805-385-8023  FAX NUMBER: 805-385-7494  INTERNET E-MAIL ADDRESS: Joanne.roach@ci.oxg.ard.cu.ua		
6. EMPLOYER IDENTIFICATION NUMBER (	IN):		7. TYPE OF A	PPLICANT:	4 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
956000756	·			emment - Municipal emment, Municipal		
8. TYPE OF APPLICATION:				μ		
NEW X CONTIN	UATION					
If Revision, enter appropriate letter(s) in box(s	B):					
A. Increase Award B. Decrease Award	C. Increa	se Duration				
D. Decrease Duration			EDERAL AGENCY:	ional and Community Service		
10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.002 10b. TITLE: Retired and Senior Volunteer Program		1	11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT: Oxnerd RSVP			
12. AREAS AFFECTED BY PROJECT (List Of Oxnard, Pt. Huenems. Camprillo, Ventura, all in						
13. PROPOSED PROJECT: START DATE: 01	/01/03 END	DATE: 12/31/0	14. PERFORM	ANCE PERIOD: STA	ART DATE: END DATE:	
16. ESTIMATED FUNDING:	The second secon		16. IS APPLIC	ATION SUBJECT TO	REVIEW BY STATE EXECUTIVE	
a. FEDERAL	\$ 50,788.0	)	l	ORDER 12372 PROCE967		
b. APPLICANT	\$ 66,827.0	)	ТО	X YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:		
c. STATE	\$ 0.0	)	1	E: 18-OCT-02		
d. LOCAL	5 0.0					
e. OTHER	\$ 0.0	6/1	(27)			
1. PROGRAM INCOME S 0.00 . 17. I					ENT ON ANY FEDERAL DEBT?	
g. TOTAL	S 117,615.00 YES If "Yes," attach an explanation. X NO					
18. TO THE BEST OF MY KNOWLEDGE AND DULY AUTHORIZED BY THE GOVERNING B IS AWARDED.	BELIEF, ALL DA ODY OF THE AF	TA IN THIS APP PLICANT AND T	LICATION/PREAPPLIC THE APPLICANT WILL	CATION ARE TRUE A COMPLY WITH THE	and correct, the document has been e attached assurances if the assistance	
. TYPED NAME OF AUTHORIZED REPRESE	ENTATIVE:	b. TITLE:	and the same of th	c. TELEPHONE NUMBER:		
Joselyn B. Peterson		Senior Servi	ces Supervisor		805-385-8019	
					d. DATE:	